

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 291 Office of Registrar of Vital Statistics.

Ward 10<sup>th</sup>

The Physician who attended any person in last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 8<sup>th</sup> 1877.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary B. Jacobs.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 65 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany.

Duration of Residence in the City of Baltimore, 31 Years.

Place of Death, { Give Street and Number. } 827. Baiter Road.

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis.  
Exhaustion.

Duration of Last Sickness, 5 Years.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, June 11<sup>th</sup>

Undertaker, Jos. J. J. J. J. J.

Place of Business, 210 St. Belvoir Address, 162 W. Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 292 Office of Registrar of Vital Statistics. Ward 7<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Wednesday June 8th. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Helen Johnston

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 3 1/2 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, Employed in Printing Office

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 1125 N Gay St.

Cause of Death, { First (Primary), Second (Immediate), } Acute Phthisis Pulmonalis  
Exhaustion

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 10<sup>th</sup> 1887

{ Undertaker, James D. Byrne Wilmer Brinton M. D.

Medical Attendant.

{ Place of Business, no 2200 new Address, Chas St & Front Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

For Special Attention of Physicians

Board of Health, City of Baltimore,

Permit No. A 293 Office of Registrar of Vital Statistics. Ward 2 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within forty-eight hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, September 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Karan Schroeder

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 31 Years, — Months, — Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Norway

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, { Give street and Number. } 1736 Canton Avenue

Cause of Death, { First, (Primary), Second, (Immediate), } Consumption

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem.

Date of Burial, June 11<sup>th</sup> 87

{ Undertaker, E. France } A. L. Washell, M. D., Medical Attendant.

{ Place of Business, Bank & Wolpert } Address, 700 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A-294 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 9 - 1907

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo. Balzer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 70 Years, — Months, — Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Driver

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 36 yrs

Place of Death, { Give Street and Number. } 607 S. Wolfe St.

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia & Old age  
Exhaustion

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, June 11<sup>th</sup> 1907

Undertaker, E. Frank Frank C. Brasher M. D.

Medical Attendant.

Place of Business, Bank & Wolfe St. Address, 1711 Bank St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



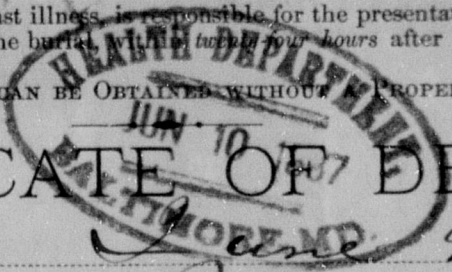
HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A. 295 Office of Registrar of Vital Statistics. Ward 13<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~four~~ twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, June 9<sup>th</sup> 1887

Full Name of Deceased, Bridget Manning { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 80 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White ✓

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, { Give Street and Number. } 66 Parkin'g

Cause of Death, { First (Primary), Second (Immediate), } Paralysis

Duration of Last Sickness, Six (6) months

All the above information should be furnished by the Physician.

Place of Burial, St Peter's

Date of Burial, June 11<sup>th</sup>

{ Undertaker, J. J. Cowan } Dr. J. H. Smith M. D. Medical Attendant.

{ Place of Business, 901 Hollins St } Address, 807 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 296 Office of Registrar of Vital Statistics.

Ward 1<sup>st</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 7 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nicholas G. Hoff

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 36 Years, Months, Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Labourer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt. city

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give Street and Number. } 2326 Carroll av.

Cause of Death, { First (Primary), Second (Immediate), } Consumption

Duration of Last Sickness, 6 mths.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, July 1 1887

Undertaker, W. Dippel R. W. Mansfield M. D.

Place of Business, 181 S Bond Address, 129 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of *Physicians* is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. *A 297* Office of Registrar of Vital Statistics. Ward *2*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *Jan 9/87*

Full Name of Deceased, *Elsie Irene Duff*

Sex, ~~Male~~ or Female, *Female*

Age, *4* Years, *4* Months, *27* Days.

Color, *white*

Married, Single, Widow or Widower, *Single*

Occupation, *None*

Birth Place, *Bald*

Duration of Residence in the City of Baltimore, *307 S. Amsh.*

Place of Death, *307 S. Amsh.*

Cause of Death, *Dentition*

*Menigitis*

Duration of Last Sickness, *2 weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Green Park Cem*

Date of Burial, *Jan 11th*

Undertaker, *W. L. Lippel*

Place of Business, *137 S. Bond*

*R. W. Mansfield* M. D. Medical Attendant.

Address, *129 S. Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

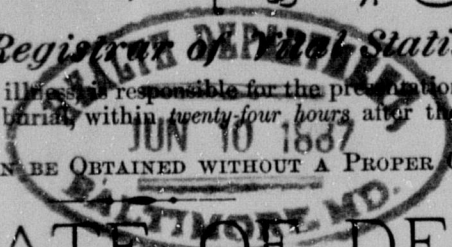
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 298 Office of Registrar of ~~Vital~~ Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, June 10 1887

Full Name of Deceased, B. Novotny { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, White Years, 46 Months, 9 Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Bath

Birth Place, Bath { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, 927 N. Dallas St { Give Street and Number. }

Cause of Death, Convulsion { First (Primary), Second (Immediate), }

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 10 1887

Undertaker, Frank Grach

Place of Business, 827 N. Durham St Address, A. L. Gage 1053 N. Broadway M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department of Baltimore.

Permit No. A-299 Office of Registration of Vital Statistics.

Ward 13<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 9<sup>th</sup> 1887

Full Name of Deceased, Barth Schuly  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 48 - Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Glass Blower -  
United States

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 48 - yrs -

Place of Death, { Give Street and Number. } McMurr Hospital on Lombard Street

Cause of Death, { First (Primary), Second (Immediate), } Bright Disease  
Maemic Coma -

Duration of Last Sickness, 1 day -

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, June 11<sup>th</sup> 1887

Undertaker, Julius Koehler Frank Mortimer M. D.

Place of Business, Sharps Cross St Address, McMurr Hospital

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department City of Baltimore.

Permit No. A 300 Office of Registrar of Vital Statistics. Ward 4<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 10<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Johanna Herring

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 68 Years, Months, Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, { Give Street and Number. } # 1442 E. Baltimore St

Cause of Death, { First (Primary), Second (Immediate), } Cancer of Stomach ( variety - Cancers )

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 12<sup>th</sup> 1887

Undertaker, Stewart Mowen John H. Rehberger M. D. Medical Attendant.

Place of Business, 215 N 17 Parkway Address, # 1709 Alice Canal  
Boundary Mt Royal ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]